

COVID-19 Decision Tree for School

Information based upon updated guidelines from CDC 9/2020

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19

For people experiencing **ONE** of the following:

- Fever ≥ 100.4
- Loss of taste or smell
- Shortness of Breath
- Difficulty Breathing
- New or worsening cough

OR

For people experiencing **TWO** or more of the following:

- Headache
- Muscle/Body Aches
- Chills
- Sore Throat
- Nausea or Vomiting
- Diarrhea
- Congestion/Runny nose

Do NOT attend school. If already at school individual will be sent home and visit to primary care provider and/or COVID-19 test recommended

When Can I Return To School

WITH EXPOSURE

- CLOSE CONTACT WITH COVID-19 POSITIVE + INDIVIDUAL (15 MINS OR LONGER WITHIN 6 FEET)
- TRAVELED TO AN AREA WITH HIGH COMMUNITY SPREAD

COVID-19 POSITIVE TEST RESULT

MAY RETURN AFTER 10 DAYS HOME ISOLATION FROM FIRST SYMPTOM
AND
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION
AND
SYMPTOMS HAVE IMPROVED

EXPOSURE WITH NO SYMPTOMS

MAY RETURN AFTER 14 DAYS HOME QUARANTINE FROM LAST KNOWN EXPOSURE DATE
AND
HAVE NO SYMPTOMS

****CONSULT DOCTOR IF SYMPTOMS DEVELOP FOR COVID-19 TESTING****

IF POSITIVE TEST RESULT SEE ABOVE GUIDELINES

HAS SYMPTOMS WITH NO COVID-19 TESTING DONE

MAY RETURN AFTER 14 DAYS HOME QUARANTINE
AND
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION
AND
SYMPTOMS HAVE IMPROVED
OR
DOCTOR'S NOTE INDICATING ALTERNATIVE DIAGNOSIS
AND
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION

*****EVEN IF A CLOSE CONTACT IS ASYMPTOMATIC AND/OR GETS A NEGATIVE COVID-19 TEST THEY ARE REQUIRED TO HOME QUARANTINE FOR 14 DAYS*****

NO EXPOSURE

NO CLOSE CONTACT OR POTENTIAL EXPOSURE

HAS SYMPTOMS DESCRIBED ABOVE WITH COVID-19 NEGATIVE RESULT

SYMPTOMS HAVE IMPROVED
AND/OR
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION

HAS CHRONIC/REOCCURRING SYMPTOMS THAT ARE SYMPTOMS DESCRIBED ABOVE WITH NO COVID-19 TESTING DONE

SYMPTOMS HAVE IMPROVED
AND/OR
MAY RETURN AFTER 24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION
OR
DOCTOR'S NOTE INDICATING ALTERNATIVE DIAGNOSIS (EX: SEVERE ALLERGIES, EAR INFECTION... ECT)
AND/OR
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION